

## MAPPA POLICY – For assessing the risk from individuals subject to Multi-Agency Public Protection Arrangements who present to the Trust

		POLICY
Reference	CPG-TW-SG-MAPPA	
Approving Body	Patient Safety Committee	
Date Approved	10 <sup>th</sup> December 2021	
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:	
	<b>YES</b>	<b>NO</b>
	x	
Issue Date	5 <sup>th</sup> January 2022	
Version	4.0	
Summary of Changes from Previous Version	No changes	
Supersedes	v3.0, Issued 29 <sup>th</sup> December 2017 to Review Date November 2021 (ext <sup>2</sup> )	
Document Category	<ul style="list-style-type: none"> <li>Clinical</li> </ul>	
Consultation Undertaken	<ul style="list-style-type: none"> <li>Safeguarding Steering Group members</li> <li>Security Manager</li> <li>Information Governance Lead</li> </ul>	
Date of Completion of Equality Impact Assessment	31/07/2021	
Date of Environmental Impact Assessment (if applicable)	Not Applicable	
Legal and/or Accreditation Implications	List all legal / accreditation implications	
Target Audience	Trustwide	
Review Date	December 2024	
Sponsor (Position)	Chief Nurse	
Author (Position & Name)	<ul style="list-style-type: none"> <li>Named Lead Nurse for Safeguarding Children, Lisa Nixon and</li> <li>Named Lead Nurse for Safeguarding Adults, Richard Idle</li> </ul>	
Lead Division/ Directorate	Corporate	
Lead Specialty/ Service/ Department	Nursing/ Safeguarding Team	
Position of Person able to provide Further Guidance/Information	<ul style="list-style-type: none"> <li>Named Lead Nurse for Safeguarding Children, Lisa Nixon or</li> <li>Named Lead Nurse for Safeguarding Adults, Richard Idle</li> </ul>	
<b>Associated Documents/ Information</b>	<b>Date Associated Documents/ Information was reviewed</b>	
Not Applicable	Not Applicable	
Template control	June 2020	

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## 1.0 INTRODUCTION

The development of a multi-agency public protection arrangement (MAPPA) was introduced in 2001 to help reduce re offending by sexual and violent offenders in order to protect the public from serious harm. MAPPA creates a multi-agency framework in which rigorous risk assessments and risk management can take place, producing a foundation for defensible decision making in cases where there are public protection concerns. It has a statutory basis in the Criminal Justice and Court Services Act (2000 updated 2015) and the Criminal Justice Act (2003). These acts established the police, probation and prison service as leads or "responsible authority" (RA) under MAPPA.

The Criminal Justice Act (2003, section 325[3]) also created the "Duty to Co-operate (DTC) agencies, which includes health, adult services, children's services and a range of other agencies.

As an NHS trust, Sherwood Forest Hospitals (SFH) we are one of these agencies and as such has a duty imposed by public law to have due regard to national MAPPA guidance in exercising their functions under the Multi-Agency Public Protection Arrangements.

## 2.0 POLICY STATEMENT

The Trust is committed to promoting best practice in regard to public protection and ensuring Trust compliance. The policy also sets out the responsibilities and expectations of all clinical staff to work effectively with other agencies to support the purpose of MAPPA, coordinating and implementing robust risk assessment and management plans, as well as sharing information to best protect the public from serious harm.

This clinical document applies to:

### Staff groups

- Nursing, midwifery, therapy and medical managers and the Patient Services Manager for Health Records and Corporate Services.
- All clinical staff caring for patients who are subject to MAPPA
- Security and Risk management teams.

### Clinical areas

- All clinical areas within the Trust

### Patient groups

- All patients presenting to the Trust who are subject to MAPPA

### Exclusions

- No exclusions

### 3.0 DEFINITIONS/ ABBREVIATIONS

<b>Trust</b>	Sherwood Forest Hospitals NHS Foundation Trust (SFH)
<b>Staff</b>	All employers of the Trust including those managed by a third party on behalf of the Trust
<b>Single Point of Contact (SPOC)</b>	All MAPPA agencies are required to identify a single point of contact (SPOC) responsible for facilitating the prompt and secure exchange of information between the MAPPA agencies. Within SFH Trust the SPOC is the Named Nurse for Children Safeguarding or Named Nurse for Adult’s Safeguarding.
<b>Child/Young Person</b>	Anyone under the age of 18 years.
<b>MAPPA</b>	Multi-Agency Public Protection Arrangements
<b>Subject</b>	An individual subject to MAPPA
<b>Responsible Authority (RA)</b>	The Responsible Authority consists of the Police, Prison and Probation Services. They are charged with a duty and responsibility to ensure that MAPPA is established in their area and for the assessment and management of all identified MAPPA offenders
<b>Duty to Co-operate’ Agencies: (DC’s)</b>	These are organisations that have a statutory “Duty to Co-operate” with the MAPPA Responsible Authority. They include SFH, Local Authorities Social Care Services, and other NHS Trusts.
<b>Potentially Dangerous Person (PDP)</b>	Association of Chief Police Officers ACPO (2007) Guidance on Protecting the Public: Managing Sexual and Violent offenders defines a potentially dangerous person (PDP) as follows: “A potentially dangerous person is a person who has not been convicted of, or cautioned for, any offence placing them in one of the three MAPPA categories, but whose behaviour gives reasonable grounds for believing that there is a present likelihood of them committing an offence or offences that will cause serious harm”

### 4.0 ROLES AND RESPONSIBILITIES

Within the framework of MAPPA Sherwood Forest Hospitals NHS Foundation Trust have specific duties and responsibilities:

#### 4.1 Trust Board

Support the decision to impart information to other agencies provided that the risk to the public overrides the responsibility of confidentiality to the individual concerned.

#### 4.2 Chief Executive

The Chief Executive is ultimately responsible for ensuring that the trust engages with the MAPPA process and meets its obligations in respect to “duty to co-operate” as identified under section 325(3) of the Criminal Justice Act (2003).

#### **4.3 Information Governance Officer**

To support the role of the Single Point of Contact (SPOC) to provide information, expertise and advice to the MAPPA process to enable robust risk assessments and management process is carried out.

#### **4.4 Divisional Managers / Heads of Departments**

To assist in the risk assessment process and liaise with the SPOC, ensuring any resources or services required to meet the risk management requirements are accessible and forthcoming.

#### **4.5 Safeguarding Named Nurse Lead : (SPOC)**

Is the SPOC and provides information, expertise and advice to the MAPPA process to enable robust risk assessment and care planning for patients. Updates the relevant systems with appropriate flag.

#### **4.6 Head of Security:**

To provide information, expertise and advice to the Safeguarding Named Nurse Lead (SPOC) to enable robust risk assessments and safety plans for staff and departments. To manage the provision of security staff as outlined via the risk assessment process and to liaise and coordinate with the external agencies e.g. police, where/as necessary.

#### **4.7 All Staff employed by Sherwood Forest Hospitals:**

Must ensure they are familiar with the Trust Policy for assessing the risk from individuals subject to Multi-Agency Public Protection Arrangements [MAPPA] who present to the Trust.

All Trust staff working with individuals subject to MAPPA must not only consider the MAPPA process and how that individual is managed within Trust services but must also consider the safeguarding needs of children or adults at risk that the individual may come into contact with.

Specific examples may be:

- The individual subject to MAPPA may be a risk to children and adults in receipt of care and support, within their own family or the community; or
- The individual subject to MAPPA may be a risk to other adults or visiting children within an inpatient unit or outpatient clinic area.

Staff must assess these risks and make appropriate adult or child safeguarding referrals as per Trust Safeguarding policies and procedures.

#### **5.0 APPROVAL**

Following appropriate consultation, this policy (v4.0) has been approved by the Trust's Patient Safety Committee.

## 6.0 DOCUMENT REQUIREMENTS

The MAPPA process is a set of arrangements to manage the risk posed by certain sexual or violent offenders.

### 6.1 Category of Offenders:

#### Category 1: Registered Sexual Offenders

- Convicted or cautioned since 1st September 1997 or in custody or subject to statutory supervision for a like offence at that point in time.
- Category 1 offenders remain in this category, for the period of their registration.
- This category includes offenders required to comply with the notification requirements (often referred to as registration requirements) set out in Part 2 of the Sexual Offences Act (2003). These offenders are often referred to as being on the 'Sexual Offenders Register'. A person convicted of, cautioned for, or in respect of whom a findings is made in relation to, an offence listed in schedule 3 to the Sexual Offences Act (2003) will become subject to the notification requirements of Part 2 of that Act.

#### Category 2: Terrorists, Violent and Other Sexual Offenders

- This category includes persons convicted of a relevant offence (murder or any of the offences in schedule 15 to the Criminal Justice Act 2003 and sentenced to 12 months or more imprisonment (excluding registered sexual offenders who will fall under category 1), or detained under hospital orders. These offenders usually exit MAPPA when statutory supervision ceases (Statutory supervision means whilst the patient is subject of probation managed licence conditions, subject to a conditional discharge from a restricted hospital order made under section 37/41 of the Mental Health Act 1983, or subject to a Community Treatment Order made under section 17A of the Mental Health Act 1983). The legislation is considerably more complex, and also includes those found not guilty of a relevant offence by reason of insanity or under a disability and to have done the act charged who will receive a hospital or guardianship order and offenders disqualified from working with children.
- The legislation is not retrospective and, therefore only includes those offenders sentenced (or receiving a disqualification order) since the 1st April 2001 or who were serving a sentence for a like offence on that date, and they remain in Category 2 only for so long as the relevant sentence/disqualification order is current.

#### Category 3: Other Dangerous Offenders

- These are offenders who do not fall into categories 1 or 2, but because of the offences committed by them (wherever they have been committed) are considered by the Responsible Authorities to pose a risk of serious harm to the public which requires active inter-agency management. This may include counter terrorism related cases.

- In terms of the threshold to MAPPA for Category 3 the offender must already have a conviction (or caution), which demonstrates he/she is capable of causing serious harm to the public and the Responsible Authorities must reasonably consider that the offender may cause serious harm to the public and that a multi-agency approach at level 2 or 3 is necessary to manage the risks.
- The legislation does not require the previous offence to have resulted in a court conviction or other finding of guilt, and a formal UK caution or reprimand/warning (juveniles) –which require an admission of guilt could qualify an offender. The offence may have been committed in any geographical location, which means that offenders convicted abroad qualify.

## 6.2 Children and Young People

The age of criminal responsibility in England and Wales is 10 years. This means that any person aged 10 or over, including children and young persons, may be convicted in the courts of any offence. The sentencing regime is different from that for adults, but, for serious offences, the child or young person may receive a sentence which attracts custody and may be required to notify the police of his or her details under the Sexual Offences Act 2003.

- A child or young person who is convicted of a serious sexual or violent offence (as set out in Schedule 15 to the Criminal Justice Act 2003) will be a MAPPA offender. The law also requires his or her needs as a child to be considered. It is important that all statutory agencies that have a responsibility for children and young persons take this into account.
- In children and young persons legislation, and in Working Together to Safeguard Children (2015), a child is defined as anyone who has not yet reached his or her 18th birthday. In particular:

*“The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders’ Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989.”*

- Under the Children Act 2004, the police, the Prison Service and Probation Services, as well as Youth Offending Teams (“YOTs”), have a statutory duty to make arrangements for ensuring that “their functions are discharged having regard to the need to safeguard and promote the welfare of children.”
- Whenever a child or young person is being discussed at a Multi Agency Public Protection (MAPP) meeting, the meeting must ensure that it considers its responsibilities to safeguard and promote the welfare of children as well as the risk of harm the young offender presents to others. Children’s Services should always be represented at these MAPP meetings.

- When a child has been identified as a child in need, it is essential that the appropriate agency is properly represented at the MAPP meeting and is able to demonstrate that it is fully meeting its obligations to meet the needs of the child.
- Given these duties, MAPPA needs to take a different approach when managing children and young persons. When identifying the risk of potential harm to others that the child or young person poses, any risks to the child or young person must also be taken into account. In most cases the YOT will be the lead agency.

### 6.3 Terrorists and Domestic Extremists

This section explains how to identify extremist offenders, including those convicted of terrorism, terrorist-related offending, and offending related to domestic extremism, and how these offenders should be managed through MAPPA.

(MAPPA Guidance 2012 Version 4.1 [Updated December 2016])

Given the nature of their offending, these offenders should be considered for active multi-agency management at MAPPA level 2 or 3. This is even though some offenders may have committed what on the face of it appears to be a low-level offence. The very fact of their involvement in such an activity, or in a group committed to terrorist or extremist acts, significantly raises the potential level of risk of serious harm which they present.

#### Those convicted of a Terrorist Act offence or terrorist-related offence

Terrorist offenders are individuals who:

- Have been convicted of any terrorist legislation offence, i.e. an offence under the Terrorism Act 2000, the Anti-terrorism, Crime and Security Act 2001, the Prevention of Terrorism Act 2005, the Terrorism Act 2006 or the Counter Terrorism Act 2008 (“CTA 2008”), or
- Have been convicted of an offence of conspiring, attempting, aiding, abetting, counselling, procuring or inciting a terrorist legislation offence or any other offence that is considered related to terrorism either committed as part of an act of terrorism or in support of a terrorist group or cause.

#### Domestic Extremism

There are five main themes for domestic extremists. They are:

- Animal Rights extremism.
- Environmentalist extremism.
- Far Right Political extremism.
- Far Left Political extremism.
- Emerging Trends – or any activities that unduly and illegally influence or threaten the economic and community cohesion of the country.

## 6.4 MAPPA Levels of Risk Management

The MAPPA framework identifies three levels at which cases are managed.

- Level 1: Ordinary agency management
- Level 2: Active multi-agency management
- Level 3: Enhanced active multi-agency management (at senior management level)

The three levels are based upon the level of multi-agency co-operation required to implement the risk management plan effectively. Individuals subject to MAPPA will be moved up and down levels as appropriate.

### **Level 1: Ordinary Agency Management.**

- Level 1 management is used in cases where the risks posed by the individual can primarily be managed by the agency responsible for their case management. This does not mean that other agencies will not be involved, only that it is not considered necessary to refer the case to a level 2 or 3 MAPP meeting. It is essential that good information sharing takes place and where appropriate consideration should be given to inviting partner MAPPA agencies to information sharing meetings. Urgent information sharing should not be delayed in order to arrange any type of meeting.

### **Level 2: Active Multi-Agency Management**

- The risk management plans for these offenders requires the active involvement of several agencies via regular public protection (MAPP) meetings.
- The procedures require that a formal referral is made for Level 2 risk management, which will be sent to the MAPPA Unit.
- The MAPPA Unit is responsible for co-ordinating attendance by the various agencies to the meeting.
- The Responsible Authority will chair these meetings.

### **Level 3: Enhanced Active Multi-Agency Management**

- This level of management may be appropriate where the individual meets the criteria for management at MAPP level 2 but, the likely seriousness and imminence of risk requires special resources that can only be committed by senior staff in attendance at MAPP level 3 meetings, or there is a likelihood of national media scrutiny and/or public interest in the case is potentially high and there is a need to maintain public confidence.
- As with Level 2 referrals, the agency referring will be required to complete a referral form incorporating an up to date risk assessment, which will be sent to the Nottinghamshire MAPPA Unit. Referral paperwork is obtained by contacting the MAPPA unit directly.

## 6.5 Confidentiality and Disclosure

### Sharing information with other MAPPA agencies

When requests for information are made by other agencies, staff need to consider policies relating to confidentiality, GDPR (General Data Protection Regulation), the Data Protection Act (1998), the Human Rights Act (1998), The Care Act (2014), Working Together to Safeguarding Children (2018) and their own professional codes of conduct.

The purpose of sharing information about an individual subject to MAPPA is to enable the relevant agencies to work together more effectively in assessing risks and devising a suitable risk management plan.

Information disclosed by the Responsible Authority [RA] will be proportional to that needed to protect the public or victims. **It is of a highly sensitive nature and if inadvertently disclosed may have considerable impact on the safety of the individual and his/her family.**

Staff can be requested to provide information to MAPPA relevant to the risk management process and approach the involvement of MAPPA as a totally appropriate process in order to enhance community safety and successful discharge. Information needs to be shared, even if the decision is for the subject to remain at MAPPA Level 1.

When considering what information should be shared and what information should be withheld, staff must be mindful of both the risks of sharing and the risks of not sharing.

If information is relevant to risk information should be shared. If concerns remain around information sharing, the individual should discuss with their Manager, who will seek advice from information governance or the safeguarding single point of contact.

All staff involved with an individual subject to MAPPA must be mindful that information shared is in line with the NHS Code of Confidentiality, and the national MAPPA Guidance. Section 325[4] Criminal Justice Act 2003 recognises that cooperation between RA's may include the exchange of information for MAPPA purposes. Therefore, the Trust and all other MAPPA agencies have the prima facie legal power to exchange information.

The statutory duty to cooperate for health and social services does not include a statutory duty to disclosure.

Any exchange of information must consider the principles by which information is to be shared:

### **6.5.1 Lawful authority**

In cases where there is a high risk to the public it will usually be the case that the disclosure of information to the MAPPA responsible Authority will be appropriate. However this should only be as much as necessary for the purpose of risk assessments and risk management. In

determining the amount of information to disclose, reference should be made to the guidelines established in W V Egdell and others (1989):

- The risk must be real, immediate and serious
- The risk will be reduced by disclosure
- The disclosure is no more than is needed to reduce risk
- Damage to the public interest in respect to the breach of confidentiality is outweighed by the public interest in reducing it.

### **6.5.2 Necessity**

Information should only be exchanged where it is necessary for the purpose of properly assessing and managing the risks posed by MAPPA offenders. The nature of any disclosure and the reasons for it should be noted clearly in the service users file.

### **6.5.3 Proportionality in information sharing**

In order to satisfy this criterion, it must be shown that the assessment and management of the risk(s) presented by the individual could not effectively be achieved other than by sharing the information in question.

### **6.5.4 The information is kept and shared safely and securely**

All information about individuals must be kept and shared safely and securely and it should only be available to, and shared with those, who have a legitimate interest in knowing it; that is, agencies and individuals involved in the MAPPA processes. Safeguards must be in place which ensures that those who do not have a legitimate interest in the information cannot access it either accidentally or deliberately. Any information sent to the police or probation must be sent via secure NHS.net e mail to an external secure email.

### **6.5.5 Accountable information sharing**

The RA must ensure that the administrative procedures underpinning the efficient operation of MAPP meetings and case conferences have the confidence of participants. Accurate, clear and timely record keeping is necessary to demonstrate that accountable information sharing occurs. Also, that safe and secure information storage and retrieval procedures are evident.

All staff should consult Trust guidance when deciding to disclose information. Reference should be made to locally agreed policies and protocols between statutory agencies. For example, Caldicott and Safe Haven Procedure and Records Management Policy.

Decisions on disclosure should be made on a case by case basis.

### **6.5.6 Third party disclosure**

Any decision to disclose information to an individual or agency outside the MAPPA process to protect the public is considered to be third party disclosure. Concerns about the subject, which lead to the need to disclose information to a third party, may be an indicator that the case should be referred to a level 2 MAPP meeting for a multi-agency decision.

Any disclosure relating to a subject under the age of 18 must be discussed with a member of the relevant Youth Offending Service and a Children's Social Care Social Worker.

### **6.5.7 Storage of information**

#### ***MAPP minutes and associated documentation***

MAPP minutes must not be disclosed to the patient and should not be filed in the medical record. Copies of minutes should be stored electronically in a locked file in the safeguarding shared drive.

The MAPP meeting minutes must NOT be shared or copied without the prior approval of the Chair of the MAPP meeting. Where there is a request for a copy of the MAPP meeting minutes from a third party, for example, from the patient, this must be referred to the MAPP meeting Chair and the MAPP Coordinator. Where information is to be provided, the MAPP meeting Chair will remove sensitive information and complete a Minutes Executive Summary.

The MAPP guidance states:

“Agencies must determine how they will store the minutes securely [they are always a “restricted” and, occasionally, a “confidential” document under the Government Protective Marking Scheme] and how other agency personnel can access them in the event of an emergency” [Ministry of Justice 2012].

The Trust's designated storage facility for MAPP minutes is the Safeguarding Shared Drive.

### **6.5.8 Risk assessment**

Risk assessments for assessing individuals subject to MAPP are undertaken by the relevant divisional manager in discussion with the Named Nurse for Safeguarding. Because of the highly sensitive nature of MAPP information and the specific requirements for storing MAPP information only the outcome of the risk assessment will be filed in the medical record; all other documentation will be sent to the Named Nurse for Safeguarding and will be stored electronically in a locked file [\[appendix B\]](#). [Appendix D](#) provides helpful hints on completing the risk assessment.

### **6.5.9 Trust documentation**

All MAPP information [other than the MAPP Risk Assessment Outcome sheet] will be sent to the Named Nurse for Safeguarding and will be stored electronically in a locked file on the safeguarding shared drive [\[appendix B\]](#).

The MAPP Risk Assessment Form [\[appendix C\]](#), MAPP Risk Assessment Outcome sheet [\[appendix E\]](#) and MAPP sheet [\[appendix F\]](#) are available to download from the Trust's Safeguarding Adult or Children and Young People intranet site [MAPP folder]

The MAPP Risk Assessment Outcome sheets must be placed behind a red “safeguarding divider” which is inserted behind the red alert divider in the medical record. An “alert sticker” is placed on the red alert divider [see [appendix B](#)].

### **6.5.10 Retention and Destruction**

Documentation filed within the medical record will be subject to the Trust's Retention and Destruction of Records Policy. All MAPPA information stored with the Named Nurse for Safeguarding will be destroyed by the safeguarding team by deleting the locked file and cross shredding any paper copies, three months following the individuals discharge.

### **6.6 Managers and Staff**

Need to be aware of this policy and act as required when dealing with an individual subject to MAPPA as outlined:

- The responsible manager for the individual subject to MAPPA will notify the Named Nurse for Safeguarding of any planned attendance to Sherwood Forest Hospital Trust.
- The Named Nurse for Safeguarding will then coordinate a Trust risk assessment and Risk Management Plan for the individual subject to MAPPA's attendance to the Trust.
- The Risk Assessment and Management Plan is then shared with the relevant staff by the Named Nurse for Safeguarding.
- When notified that an individual subject to MAPPA will be attending the Trust the responsible manager will undertake a Trust MAPPA risk assessment [see [appendix A](#)]. Depending on the nature of the offending history advice and support will be sought from relevant members of staff e.g. Security Manager, Health and Safety Manager, Named Doctor/Nurse/Midwife for Safeguarding when undertaking the risk assessment.
- It is the responsibility of staff caring for the individual subject to MAPPA to ensure that any actions/requirements identified within the Risk Assessment Outcome Sheet are adhered to. Any behaviour displayed by the individual that is inconsistent with or deviates from the Risk Assessment safety plan must immediately be reported to the responsible manager [please refer to the Policy for the Management of Violence and Aggression at Sherwood Forest Hospitals NHS Foundation Trust]
- It is the responsibility of the divisional manager to report unacceptable behaviour e.g. violence/aggression, non-compliance with the safety plan, sexual behaviour etc. to the referring agency e.g. Probation Service
- The Named Nurse for Safeguarding or deputy is responsible for determining the individual's current MAPPA status if they are subsequently re-admitted.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Managers are required to ensure that this policy is adhered to. Compliance with the requirement to cross shred time limited documentation is the responsibility of the Named Nurse for Safeguarding and will be audited by the Named Nurse for Safeguarding on a monthly basis. On a quarterly basis any occurrences of MAPPA being applied is reported to the Safeguarding Steering Group.

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
MAPPA documentation and timeliness of information sharing.	Named Nurse safeguarding	Audit of reported cases	Quarterly (if any reported cases)	Safeguarding Steering Group

## 8.0 TRAINING AND IMPLEMENTATION

No specific training is required for the application of this policy.

## 9.0 IMPACT ASSESSMENTS

Delete/ amend as applicable:

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix G](#)
- This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- Ministry of Justice [2012 – updated 2016] MAPPA Guidance [version 4.1], National Offender Management Service, Offender Management and Public Protection Group.
- HM Government [2018] Working Together to Safeguard Children.
- HM Government [2014] Care Act.

### Related SFHFT Documents:

- Policy for the Management of Violence and Aggression at Sherwood Forest Hospitals NHS Foundation Trust
- Safeguarding Children Policy.
- Safeguarding Adults Policy
- Policy for the use of Restrictive Practice for Adult Patients.

## 11.0 KEYWORDS

Violent Offenders, Sexual offender, Risk Assessment, Safeguarding

## 12.0 APPENDICES

[Appendix A](#) – MAPPA Process

[Appendix B](#) – MAPPA Filing Instructions

[Appendix C](#) – MAPPA Risk Assessment Form

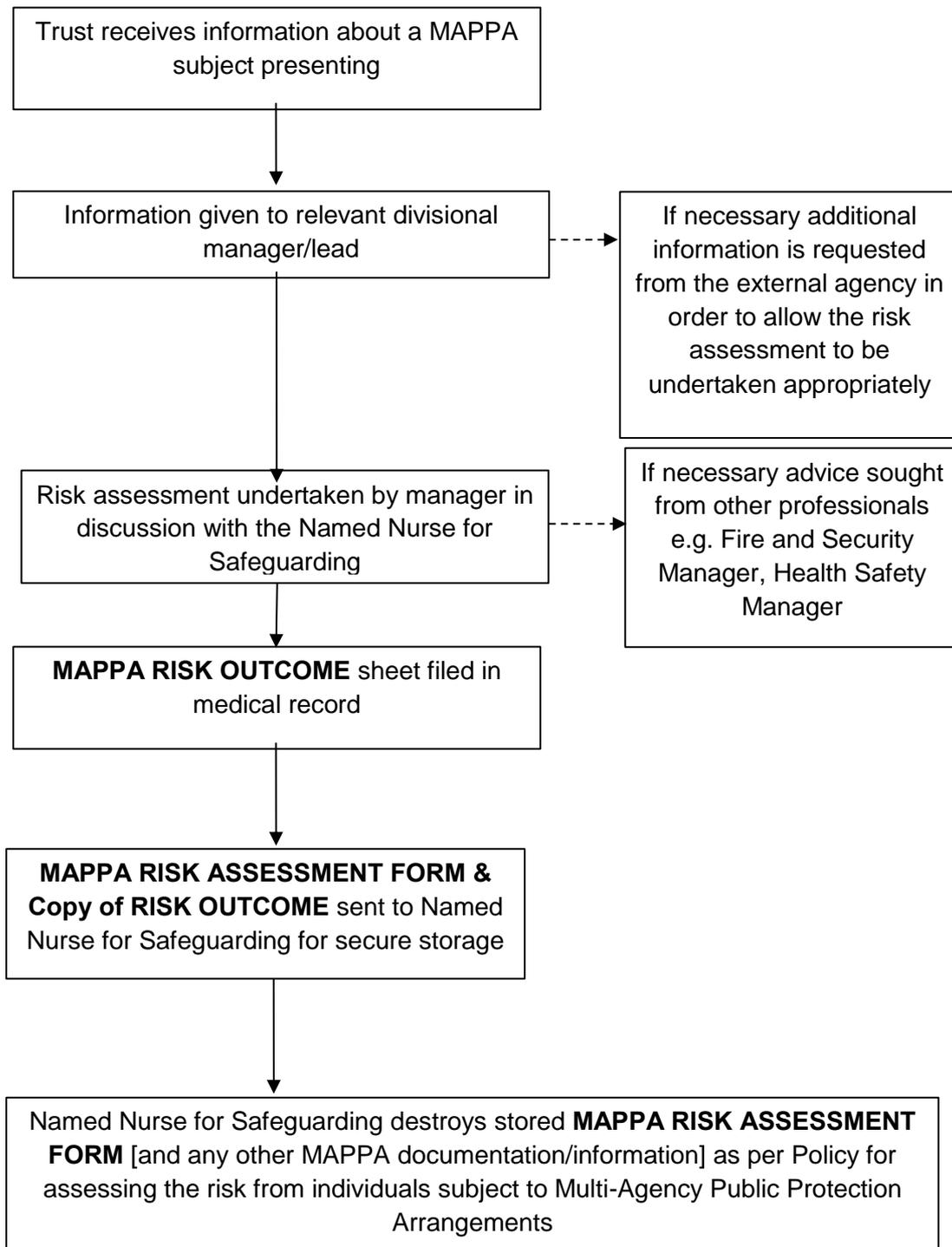
[Appendix D](#) – Undertaking the MAPPA Risk Assessment

[Appendix E](#) – MAPPA Risk Assessment Outcome

[Appendix F](#) – MAPPA Information Sheet

[Appendix G](#) – Equality Impact Assessment Form

Appendix A – MAPPA Process



## Appendix B – Filing MAPPA information in the Medical Records

### MAPPA Filing Instructions

If a MAPPA risk assessment has been undertaken a Risk Assessment Outcome sheet is completed and filed within the medical record. This will always be accompanied by a MAPPA Information Sheet; all documentation is available on the Safeguarding Adult or Children and Young People intranet site [MAPPA folder].

A copy of the Risk assessment outcome sheet is filed behind a red safeguarding divider. This divider is behind the red alert divider [the red safeguarding divider is also used for safeguarding children and vulnerable adults documentation]

A white alert sticker is placed on the red alert notification divider.

All other documentation e.g. risk assessment, minutes of meetings are sent to the Named Nurse for Safeguarding for storage electronically in a locked file on the safeguarding shared drive.

It is the responsibility of the Named Nurse for Safeguarding to destroy MAPPA documentation once it reaches its expiry date (3 months after the date of discharge).

Supplies of safeguarding dividers/alert stickers are available from the Case Note File ext. 3098

Appendix C – MAPPA Risk Assessment Form

**MAPPA RISK ASSESSMENT FORM**

Assessment of risk is an ongoing process, if new information becomes available or circumstances change assessments should always be reviewed.

NB: This pro-forma is intended as a guide to assist in highlighting key issues which may need consideration

**Offending History**

Nature of Previous Offences:

.....  
.....  
.....

Is the individual in custody? .....

Are there any bail conditions/reporting restrictions in place? If so what are they? .....

.....  
.....  
.....

Does the Probation Officer need to be contacted for further information? If so what information is required? .....

.....  
.....  
.....

**Risk Factors**

Are there any restrictions in place regarding contact with children, young people and vulnerable adults? If so what are they? .....

.....  
.....  
.....

Does the individual have problems with persons in authority? .....

.....  
.....  
.....

Are there any known specific triggers to the onset of violence and/or other offending behaviour? If so what are they? .....

.....  
.....  
.....

Are there any known specific gender/age groups who may be more vulnerable or susceptible to the individual's behaviour? If so who are they? .....

.....  
.....  
.....

Health Information

NB: If the individual is already known to Health Services e.g. Mental Health Services, Substance Misuse their Consultant/key worker may be able to assist with this risk assessment.

What is the reason for the individual being in a healthcare setting? .....

.....

.....

Mobility (describe): .....

.....

.....

Is the individual currently taking prescribed medication to inhibit aggression? If so - what?

.....

.....

.....

Is the individual dependent on drugs/alcohol? If so how does the dependency present?

.....

.....

.....

Hospital admission – Is there any alternative to in-patient care? .....

.....

.....

Specific Issues

Is the individual alone or supervised? If so when and by whom? .....

.....

.....

Is the individual at risk either from their own offending behaviour or from others?

.....

.....

.....

Does the individual pose a risk to anyone in the immediate environment? (Patients, visitor, staff or themselves) .....

.....

.....

What is their ability to access other areas of the hospital, particularly Children's Services?

.....  
.....  
.....

Completed by:

Name (signature)

.....

Name (print)

.....

Designation

.....

Date..... Time .....

**THIS RISK ASSESSMENT OUTCOME FORM MUST NOT BE FILED IN THE MEDICAL RECORD.  
PLEASE SEND TO NAMED NURSE FOR SAFEGUARDING FOR SECURE STORAGE.**

Received by Named Nurse for Safeguarding on: .....

This document to be destroyed on: .....

## Appendix D

### Undertaking the MAPPA Risk Assessment: What to think about? What to ask?

#### Offending History

The amount of information received by the Trust about the individual subject to MAPPA who is to be admitted is variable. If more information on the individuals offending history is required to do the risk assessment, ASK FOR MORE INFORMATION. This may be from the individual's:

- Probation officer
- Case Manager at the Public Protection Unit [MOSOVO Office – 101 ext. 8171440/1]
- MAPPA office [01623 483052]

When requesting additional information:

- Type of offending? Violent/sexual?
- Known triggers? What are they?
- Who have they offended against? Males/females? Adults/children/young people
- Impulsive crimes? Grooms victim over a period?
- Are there any bail conditions in place e.g. no contact with the children and young people under the age of 18 years
- Think – do you need to seek advice from Named Safeguarding Professionals (Ext. 3357)

#### Risk Factors

It's extremely important to know if the individual has problems with persons in authority. How's it handled? Think – do you need to seek advice from the Trust's Security Manager [Ext. 6495]

Given the offending history:

- Would a bay area be better and/or safer than an individual room or vice versa?
- Does the gender of staff providing care need to be considered?
- Would the environment in which the individual is to be cared for break any bail conditions? If this cannot be avoided seek advice from the individual's probation officer or case manager.
- Are they being supervised? How will this be managed?

#### Health Information

The reason for admission e.g. potential mobility, length of stay, type of care will always influence the risk assessment but co-morbidities also need to be considered:

- Are they dependant on drugs/alcohol? How is their dependency being managed? Will this admission disrupt any care they may require? Think – do you need to contact their drug worker?
- Are there any mental health issues to consider?

#### Specific Issues

Is the individual at risk from known individuals? Are they likely to attend the hospital?

Information sharing

REMEMBER MAPPA information is shared on a strictly "need to know" basis. It's shared with the individual undertaking the risk assessment to ensure that the MAPPA Risk Assessment undertaken is sufficiently robust. Offending history MUST NEVER be recorded in the medical record NOR must it be recorded on the MAPPA Risk Assessment Outcome. When seeking specialist advice and support within the Trust the information shared should be anonymised, proportionate and relevant to the required need.



## Appendix F

### MAPPA INFORMATION

#### MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA)

MAPPA are put in place when an individual is considered a risk to public safety.

This medical record contains the outcome of a MAPPA risk assessment.

Because of the confidentiality restrictions on MAPPA information the only information that is permitted within the medical record is this sheet and the Risk Assessment Outcome. All other information will be kept in a secure file in the Named Nurse for Safeguarding's office. Information stored in this manner can only be accessed on a "need to know" basis by the appropriate manager.

For more information on MAPPA please refer to the statutory MAPPA Guidance [available in the MAPPA folder on the Safeguarding Adult and Safeguarding Children and Young People intranet sites].

**APPENDIX G – EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

<b>Name of service/policy/procedure being reviewed:</b> Policy for assessing the risk from individuals subject to Multi-Agency Public Protection Arrangements [MAPPA] who present to the Trust			
<b>New or existing service/policy/procedure:</b> Existing			
<b>Date of Assessment:</b> 31/07/2021			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	This policy provides equitable care for all patients irrespective of race or ethnicity	This policy replaces the previous MAPPA Policy.	None
<b>Gender</b>	This policy provides equitable care for all patients irrespective of gender	This policy replaces the previous MAPPA Policy.	None
<b>Age</b>	This policy provides equitable care for all patients irrespective of age	This policy replaces the previous MAPPA Policy.	None
<b>Religion</b>	This policy provides equitable care for all patients irrespective of religion	This policy replaces the previous MAPPA Policy.	None
<b>Disability</b>	This policy provides equitable care for all patients irrespective of disability	This policy replaces the previous MAPPA Policy.	None
<b>Sexuality</b>	This policy provides equitable care for all patients irrespective of sexuality	This policy replaces the previous MAPPA Policy.	None
<b>Pregnancy and Maternity</b>	This policy provides equitable care for all patients irrespective of sexuality	This policy replaces the previous MAPPA Policy.	None
<b>Gender Reassignment</b>	This policy provides equitable care for all patients irrespective of gender	This policy replaces the previous MAPPA Policy.	None
<b>Marriage and Civil Partnership</b>	This policy provides equitable care for all patients irrespective of marital status, it does acknowledge the	This policy replaces the previous MAPPA Policy.	None

	patients who are part of a civil partnership and identifies their rights in this area.		
<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	This policy provides equitable care for all patients irrespective of socio-economic status	This policy replaces the previous MAPPA Policy.	None
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> <ul style="list-style-type: none"> <li>This policy acknowledges the needs of patients who are subject to MAPPA processes but also require care from an acute perspective. To ensure that it is compliant with all legislation it has been shared with senior medical and MAPP colleagues for consultation and feedback to ensure that it effectively meets the needs of all patients subject to MAPPA.</li> </ul>			
<b>What data or information did you use in support of this EqIA?</b> <ul style="list-style-type: none"> <li>Ministry of Justice [2012 – updated 2016] MAPPA Guidance [version 4.1], National Offender Management Service, Offender Management and Public Protection Group</li> </ul>			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b> <ul style="list-style-type: none"> <li>Ensuring that patients are aware of their rights and the legislative requirements that may affect them when they are unwell and require interventions using the Equality Act 2010, MAPPA Guidance, Serious Crime Act 2015, Mental Health Act 1983 – amended 2007, Mental Capacity Act 2005 or Deprivation of Liberty Safeguards, Working Together to Safeguard Children, 2018. These have all been acknowledged within this policy and the other supporting policies referenced with in this policy.</li> </ul>			
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  Low Level of Impact  For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
<b>Name of Responsible Person undertaking this assessment:</b> Lisa Nixon			
<b>Signature:</b>			
<b>Date:</b> 31/07/202118/12/2017			